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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									1.	Application or Docket Number			
CLAIMS AS FILED - PART I								CMALL ENTERY					
L			(Colum	nn 1)		(Column 2)		TYPE	THY	OR	OTHER SMALL		
U.S	3. NATIONAL	L STAGE FEES	<u> </u>		· .		}	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL ENT	Г. = \$ 150	LAR	RGE ENT. = \$ 300	1	BASIC FEE	†	OR	BASIC FEE	 	
EXA	AMINATION FI	EE	Satisfies PCT A	Article 33(1)-	1	other situations = \$ 100 / \$ 200	1	EXAM FEE	 	4	EXAM, FEE	 	
SEARCH FEE .			U.S. is ISA = \$ ALL other cot \$ 200 / \$	\$ 50 / \$ 100 ountries =	Allo	other situations = \$ 250 / \$ 500		SEARCH FEE	<u> </u>	1	SEARCH FEE	 	
FEE	FOR EXTRA	SPEC. PGS.		nus 100 =	Ī.	/ 50 =		X \$ 125 =		1	X \$ 250 =	 	
τοτ	TAL CHARGEA	ABLE CLAIMS	/(/ mi	inus 20 =	*			X \$ 25 =	 	OR	X \$ 50 =	 	
IND	EPENDENT C	LAIMS	12 "	ninus 3 =	*			X \$ 100 =	 	OR	X \$ 200 =	 	
MUL	TIPLE DEPEN	NDENT CLAIM PRE	ESENT	<u></u>				+ \$ 180 =	 	OR	+ \$ 360 =	 	
* If	the differenc	e in column 1 is l	less than zero	o, enter "()" in cr	olumn 2	1 1	TOTAL	 	OR		 	
	•		•								IUIAL	<u> </u>	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL E		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	, [X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
						······································	Ļ	TOTAL ADDIT. FEE		[TOTAL ADDIT. FEE		
	•	(Column 1)		Calum	·· •	· · · · · · · · · · · · · · · · · · ·				1	FGE , m		
Ţ		CLAIMS		(Column		(Column 3)	ſ				· · · · · · · · · · · · · · · · · · ·	·	
а Е		REMAINING - AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME,	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
TOTAL ADDIT.										L	TOTAL ADDIT.		
				•		•		FEE L		ON	FEE _		

If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.